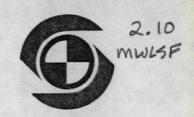
Seattle **Engineering Department**



Eugene V. Avery, Director of Engineering Charles Royer, Mayor

DATE:

TO:

Resident

FROM:

Seattle Engineering Department

SUBJECT: Methane Gas Testing

On this date we have checked your home for the presence of methane gas. Our instruments indicate that the levels of methane do not exceed ppm.

Methane is a colorless, odorless, tasteless, non-toxic gas which is naturally produced when garbage decomposes. Methane is not considered dangerous below 40,000 ppm. At levels above this there is danger of explosion, fire, and the displacement of oxygen.

If you have any questions about this monitoring program, please feel free to contact Mark Edens of the Seattle Engineering Department at 625-2324 or Greg Bishop of the Seattle/King County Health Department at 587-2722.

Sincerely,

Monitor

MHE/egh





CITIZENS AGAINST MIDWAY LANDFILL 3. PHONE TOTAL NUMBER IN HOUSEHOLD 4. LENGTH OF TIME AT PRESENT ADDRESS_____ 5. NUMBER OF SMOKERS IN HOUSEHOLD UREAFORMALDEHYDE INSULATION 6. STRUCTURE INFORMATION: DATE OF CONSTRUCTION DATE OCCUPIED PARTICLE BOARD FLOORS, CABINETS, COUNTER HEAT SYSTEM (DESCRIBE) AIR CONDITIONER, HUMIDIFIER, AIR CLEANE CARPET TYPE & PADDING STRUCTURE TYPE (BRICK, WOOD, MOBILE HOM HAVE ANY MEMBERS OF YOUR HOUSEHOLD DEVELOPED ANY OF THE FOLLOWING SYMPTOMS SINCE RESIDING IN THIS AREA (CHECK THOSE THAT APPLY): SKIN IRRITATION HEADACHE DIZZINESS RASHES & HIVES NAUSEA, VOMITING EYE ACHE BLURRED VISION ____ ABDOMINAL PAIN SINUS IRRITATION RUNNY NOSE DIARRHEA SLEEPLESSNESS ALLERGIES EMOTIONAL STRESS DEPRESSION THROAT IRRITATION COUGH RESPIRATORY PROBLEMS IRRITABILITY EXCITABILITY LOSS OF APPETITE BREATHING DIFFICULTY FATIGUE (LETHARGY) HYPERACTIVITY LOSS OF WEIGHT NUMBNESS LOSS OF MEMORY MOODINESS MFTAT TINGLING UNEXPLAINED ANGER CONSTANT EAR ENVOLVEMENT METAL TASTE IN MOUTH THYROID PROBLEMS OTHER (PLEASE EXPLAIN): HAVE ANY MEMBERS OF YOUR HOUSEHOLD BEEN TREATED BY A PHYSICIAN FOR ANY OF THESE SYMPTOMS? NAME AND ADDRESS OF YOUR PHYSICIAN (OPTIONAL): 9. 10. HAVE YOU EVER HAD TROUBLE WITH OR ARE NOW HAVING TROUBLE WITH YOUR EMISTING SEPTIC SYSTEM? 11. DISTANCE TO NEAREST BODY OF WATER (SWAMP, CREEK OR LAKE) 12. ADDITIONAL COMMENTS: (USE BACK OF FORM IF ADDITIONAL SPACE IS REQUIRE

Please return this questionnaire as soon as possible to:

ROBERT BROWN

IN THIS AREA. NAME

Return by April 15, 1986 2911 So. 252nd St., Kent, WA 98032

13. I HEREBY AUTHORIZE THIS SURVEY TO BE USED TO STUDY EXISTING CONDITIONS